RIVER VALLEY HIGH SCHOOL
Yuba City Unified School District
801 El Margarita Road
Yuba City, CA 95993

Request for Fundraiser Approval

Fiscal Year:_____

Proposed date(s) of fundraiser: _____Time of fundraiser:_____

Requesting club:_____

Proposed fundraiser: _____

Description of proposed fundraiser: _____

_____

_____

Club contact person: _____Cell # _____

Club Advisor: _____

Location of proposed event/fundraiser: _____

Custodial Needs:_____

Status of event (check one): ☐ New event ☐ Held previously (Years): _____

Revenue Potential completed? ☐ Yes ☐ No (The budget portion must be completed on the backside for this form. The "actual" portion of the form will be completed when the fundraiser is complete.)

How is money received: ☐ Taken at the student store or ☐ Cash box needed

What will proceeds be used for (amount left after expenditures):

_____

_____

Other background information to support the proposal (such as other schools or clubs that have held similar events):

_____

_____

_____

Please Complete Backside of Form

Revenue Potential/Fundraising Budget versus Actual Statement

	BUDGET (filled out prior to fundraiser, when event approved)	**ACTUAL** (filled out after fundraiser, and will equal total deposits for that event)	**DIFFERENCE** (if difference significant, please explain below)
REVENUE:			
Sales quantity x Sales price #_____ x $_____	$	$	$
Donations, sales of ads, etc.	$	$	$
Sub-total for Revenue:	$	$	$
EXPENSES:			
Product quantity x Cost (per invoice)	$	$	$
Shipping	$	$	$
Advertising	$	$	$
Other	$	$	$
Sub-total for Expenses:	$	$	$
OTHER:			
Items Donated or Given as Prizes – Quantity x Cost	$	$	$
Sub-total for Other:			
TOTAL PROFIT:	$	$	$

If the difference between budget and actual is significant, please explain reason here:_____

_____

Submitted by:

	Print Name	Signature	Date
Student Club Representative			
Club Advisor			

Approved by: _____ **Date:** _____

If not approved check here: ☐ **Reason:** _____

	Print Name	Signature	Date
ASB Student Council Representative			
Principal/School Site Administrator			
Activities Director			

Reviewed by Bookkeeper:_____Date:_____